

ATTACHMENT 1 - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF) THERAPY SERVICES (Proposed to be effective September 1, 2017)

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TOS*	Proce- dure Code	Long Description	Age Range	CURRENT		PROPOSED		Explanation
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92507	**	0-20	\$28.67	\$28.67	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92507	**	21-999	\$28.67	\$28.67	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92508	**	0-20	\$14.93	\$14.93	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92508	**	21-999	\$14.93	\$14.93	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92521	**	0-20	\$105.47	\$105.47	\$101.12	\$101.12	Standardize Rates for all providers
1	92521	**	21-999	\$105.47	\$105.47	\$101.12	\$101.12	Standardize Rates for all providers
1	92522	**	0-20	\$131.83	\$131.83	\$127.36	\$127.36	Standardize Rates for all providers
1	92522	**	21-999	\$131.83	\$131.83	\$127.36	\$127.36	Standardize Rates for all providers
1	92523	**	0-20	\$175.77	\$175.77	\$169.81	\$169.81	Standardize Rates for all providers
1	92523	**	21-999	\$175.77	\$175.77	\$169.81	\$169.81	Standardize Rates for all providers
1	92524	**	0-20	\$87.89	\$87.89	\$86.82	\$86.82	Standardize Rates for all providers
1	92524	**	21-999	\$87.89	\$87.89	\$86.82	\$86.82	Standardize Rates for all providers
1	92526	**	0-999	\$38.41	\$38.41	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92610	**	0-999	\$226.27	\$226.27	\$205.12	\$205.12	Standardize Rates for all providers
1	97012	**	0-20	\$38.41	\$38.41	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	**	21-999	\$38.41	\$38.41	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97014	**	0-20	\$29.84	\$29.84	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	**	21-999	\$29.84	\$29.84	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97016	**	0-20	\$29.84	\$29.84	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	**	21-999	\$29.84	\$29.84	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97018	**	0-20	\$29.84	\$29.84	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	**	21-999	\$29.84	\$29.84	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services

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				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97022	**	0-20	\$38.41	\$38.41	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	**	21-999	\$38.41	\$38.41	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97024	**	0-20	\$29.84	\$29.84	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97024	**	21-999	\$29.84	\$29.84	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97026	**	0-20	\$29.84	\$29.84	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	**	21-999	\$29.84	\$29.84	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97028	**	0-20	\$38.41	\$38.41	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	**	21-999	\$38.41	\$38.41	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97032	**	0-20	\$38.41	\$38.41	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	**	21-999	\$38.41	\$38.41	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97033	**	0-20	\$38.41	\$38.41	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	**	21-999	\$38.41	\$38.41	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97034	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	**	21-999	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97035	**	0-20	\$38.41	\$38.41	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	**	21-999	\$38.41	\$38.41	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97036	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	**	21-999	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

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				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97039	**	0-20	\$29.84	\$29.84	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	**	21-999	\$29.84	\$29.84	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97110	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	**	21-999	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	**	21-999	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97113	**	0-20	\$38.41	\$38.41	\$38.75	\$38.75	Standardize Rates for all providers
1	97113	**	21-999	\$38.41	\$38.41	\$38.75	\$38.75	Standardize Rates for all providers
1	97116	**	0-20	\$30.08	\$30.08	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	**	21-999	\$30.08	\$30.08	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97124	**	0-20	\$29.84	\$29.84	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	**	21-999	\$29.84	\$29.84	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97139	**	0-20	\$39.00	\$39.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	**	21-999	\$39.00	\$39.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97140	**	0-20	\$30.84	\$30.84	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	**	21-999	\$30.84	\$30.84	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97150	**	0-20	\$19.21	\$19.21	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	**	21-999	\$19.21	\$19.21	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97161	**	0-20	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97161	**	21-999	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	0-20	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	21-999	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	**	0-20	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	**	21-999	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97164	**	0-20	\$113.00	\$113.00	\$104.57	\$104.57	Standardize Rates for all providers
1	97164	**	21-999	\$113.00	\$113.00	\$104.57	\$104.57	Standardize Rates for all providers
1	97165	**	0-20	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers

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1	97165	**	21-999	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	0-20	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	21-999	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	0-20	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	21-999	\$125.55	\$125.55	\$116.19	\$116.19	Standardize Rates for all providers
1	97168	**	0-20	\$113.00	\$113.00	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	**	21-999	\$113.00	\$113.00	\$104.57	\$104.57	Standardize Rates for all providers
1	97530	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	**	21-999	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	**	21-999	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97760	**	0-20	\$38.87	\$38.87	\$34.61	\$34.61	Per 15 Minutes and standardize rates for all providers
1	97761	**	0-20	\$38.41	\$38.41	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97762	**	0-20	\$35.09	\$35.09	\$35.66	\$35.66	Per 15 Minutes and standardize rates for all providers
1	97799	**	0-20	\$38.41	\$38.41	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	**	21-999	\$38.41	\$38.41	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	0-999	\$39.00	\$39.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	S9152	Speech therapy, re-evaluation	0-999	\$203.64	\$203.64	\$118.87	\$118.87	Reduce Speech Therapy re-evaluation to 70 percent of evaluation rate and standardize rates for all providers

***Type of Service (TOS)**

1 Medical Services

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